



# 2023 BlueCare Vision<sup>SM</sup>

## Individual Plan Portfolio

- BlueCare Vision Premier<sup>SM</sup>
- BlueCare Vision Standard<sup>SM</sup>
- BlueCare Vision Basic<sup>SM</sup>



- Vision plans for the entire family
- National network of providers
- Enroll on a convenient online platform

### Individual portfolio designed to:

- **Diversify** product offering.
- **Provide** solutions to complement the member's health needs.
- **Lower** cost barriers to care for members.
- **Focus** on providing a variety of benefit features to a broad base.

### Overview

- BlueCare Vision plans are a vision solution to meet the needs of your clients, especially those who have **Medicare Supplement** and **PDP** coverage.
- Three options to address your clients' budgets and lifestyles.

### Sales Information

- Applications can be submitted through Coverage Plus Central (an online enrollment platform) at **coverageplusIL.com**.
- If you sell Blue Cross and Blue Shield of Illinois (BCBSIL) health plans, you are already appointed to sell these products.

### Post-Sales Information

- After approval, members will receive a policy fulfillment kit with their ID card, outline of coverage, and policy booklet.
- You can track your business by going to **coverageplusIL.com** and creating a profile.
- Members are able to log into **coverageplusIL.com** to see their vision selections and other important information.

### EyeMed Select Network

- The EyeMed Select network is a national network with access points at LensCrafters®, Pearle Vision, Target Optical® and other independent providers.
- There are more than 7,500 provider locations in Illinois. A list can be found at **eyemedvisioncare.com/bcbsilind**.

### BlueCare Vision plans

- Non-ACA vision plans are ideal for the entire family, providing for an eye exam with dilation and allowances for frames and lenses.
- This plan is available only to subscribers 18 years or older. Dependents under 26 can be added.
- A policy sold and approved will be effective the 1st day of the next month, unless a different effective date is selected.

#### BlueCare Vision Premier

- Geared toward consumers seeking a higher level of benefits.
- \$200 allowance on frames and contacts; 20% discount on costs over \$200.
- \$20 copay on most lens options (for example, single, bifocal, etc.).

#### BlueCare Vision Standard

- Geared toward budget-conscious consumers who have vision needs beyond preventive services.
- \$130 allowance on frames and contacts; 20% discount on all costs over \$130.
- \$20 copay on most lens options (for example, single, bifocal, etc.).

#### BlueCare Vision Basic

- Geared toward the budget-conscious consumer.
- Covered eye exam with 35% discount on frames and 15% discount on conventional contacts.

# BlueCare Vision Plans<sup>1,2</sup>

The benefits below show what the member will pay in network.

	BlueCare Vision Premier	BlueCare Vision Standard	BlueCare Vision Basic
<b>Exam with Dilation as Necessary</b>	\$10 copay	\$10 copay	\$0 copay
<b>Frames</b>	\$0 copay; \$200 allowance, 20% off balance over \$200	\$0 copay; \$130 allowance, 20% off balance over \$130	35% off retail price <sup>3</sup>
<b>Additional Pairs</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.		N/A
<b>Standard Plastic Lenses<sup>4</sup></b>			
<b>Single Vision</b>	\$20 copay	\$20 copay	\$50 <sup>3</sup>
<b>Bifocal</b>	\$20 copay	\$20 copay	\$70 <sup>3</sup>
<b>Trifocal</b>	\$20 copay	\$20 copay	\$105 <sup>3</sup>
<b>Standard Progressive Lens<sup>4</sup></b>	\$20 copay	\$85 copay	\$135 <sup>3</sup>
<b>Lens Options<sup>4</sup></b>			
<b>UV Treatment</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Tint (Solid and Gradient)</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Standard Plastic Scratch Coating</b>	\$0 copay	\$0 copay	\$15 <sup>3</sup>
<b>Contact Lenses (contact lens allowance includes materials only)<sup>5</sup></b>			
<b>Standard Contact Lens Fit</b>	Up to \$40	Up to \$40	N/A
<b>Conventional</b>	\$0 copay; \$200 allowance, 15% off balance over \$200	\$0 copay; \$130 allowance, 15% off balance over \$130	15% off retail price
<b>Disposable</b>	\$0 copay; \$200 allowance, plus balance over \$200	\$0 copay; \$130 allowance, plus balance over \$130	N/A
<b>Medically Necessary</b>	\$0 copay, paid in full	\$0 copay, paid in full	N/A
<b>Frequency</b>			
<b>Examination</b>	Once every 12 months	Once every 12 months	Once every 12 months
<b>Lenses or Contact Lenses</b>	Once every 12 months	Once every 12 months	Unlimited
<b>Frame</b>	Once every 12 months	Once every 12 months	Unlimited
<b>Monthly Rates for BlueCare Vision Plans<sup>6</sup></b>			
<b>Individual Member</b>	\$24.85	\$17.89	\$8.30

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the certificate of benefits booklet.

2. This is a 12-month policy from effective date.

3. Frame, lenses and lens options must be purchased in same transaction to receive full discount.

4. Lens benefits cover two lenses. Please see your certificate of benefits booklet for additional lens options benefits.

5. Federal law prohibits the dispensing of a quantity of contact lenses whose intended use would exceed the expiration date of the contact lens prescription.

6. Rates subject to change.

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate, if any, that you have health care coverage.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Illinois.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.